

**COMPREHENSIVE ASSESSMENT
PLANNING INFORMATION RECORD**

EDUCATOR NAME: _____

OBSERVATION NO: _____
DATE: _____

Educator completes this form for each formal observation; however, the evaluator may need to discuss the contents of this form for clarification purposes. Educators retain the right to make instructional decisions/changes during the observation.

1. What is the student goal(s)/objective(s) for the lesson? (*What is the ultimate desired outcome of this lesson?*) In the event that students are working on individual objectives, choose 2 or 3 students and provide their objectives. **IA**

2. What information do you have regarding your students' current abilities in relation to this objective(s) and how has this impacted the design of this lesson? **IB and IC**

3. What teaching strategies will you use to teach this objective? (*How will you accomplish your objective(s)?*) **IB**

4. What are the student indicators of success within this lesson? (*What behaviors will you look for to determine whether or not the students are meeting the objective(s)?*) **IB**

5. Identify the data which will be collected to evaluate the students' achievement of the goal(s)/objective(s). **IIIA**

6. What future assessments will you use to determine the retention and ongoing application of today's learning? **IIIA**

7. What is the relationship of this lesson to the larger unit of study and to your annual goals? **IA**

8. Do you have any concerns at this point regarding this lesson or these students?